

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, CA 95814



June 4, 2002

COUNTY FISCAL LETTER (CFL) NO. 01/02 -51

TO: COUNTY WELFARE DIRECTORS  
COUNTY FISCAL OFFICERS  
COUNTY AUDITOR CONTROLLERS  
COUNTY PROBATION OFFICERS

SUBJECT: REVISED COUNTY EXPENSE CLAIM (CEC) INSTRUCTIONS  
AND ASSISTANCE CLAIM INSTRUCTIONS FOR SB 163  
WRAPAROUND SERVICES PROJECT

REFERENCE: CFL No.'s 98/99-18, dated September 25 1998, 98/99-19,  
dated September 25, 1998, and 01/02-32, dated October 5, 2001

This CFL provides updated information on CEC claiming policy and Assistance Claim Instructions for the SB 163 Wraparound Services Project.

In order to simplify claiming for the SB 163 Wraparound Services Project, the following changes have been made.

**Reporting of Maintenance Payments**

Effective July 1, 2002, the maintenance payments for the SB 163 Wraparound Services Project will no longer be claimed on the CEC. All nonfederal maintenance payments costs must be claimed on the CA 800A FC (10/00) Summary Report of Assistance Expenditures – Nonfederal Children in Foster Care. Counties must also list the total amount paid for the SB 163 Wraparound cases on the summary page that is submitted as an attachment to the CA 800A FC claim form.

## **County Expense Claim Codes**

Effective with the September 2002 quarter, Program Code 565 and Program Identifier Number 565095 will be deleted as the maintenance payments will be claimed on the CA 800A on a monthly basis.

## **Severely Emotionally Disturbed (SED) Children**

Effective with the July 2002 claiming month, the maintenance payments for the SB 163 Wraparound Services Project will be claimed on the CA 1019 Summary Report of Expenditures for Seriously Emotionally Disturbed Children (Attachment E & F). Counties must list the total amount paid for the SB 163 SED Wraparound cases on the summary page that is submitted as an attachment to the CA 1019 claim form.

## **Foster Care Advance Dollars**

Effective July 1, 2002, the Foster Care Advance procedure detailed in CFL 01/02-32 will no longer be necessary as the SB 163 Wraparound non-federal maintenance payments will be claimed on the CA 800A FC claim form. It should be noted that the advance will not separately identify the amount associated with SB 163 Wraparound cases. Therefore, counties will need to track the number of filled slots and use the data when working with the County Auditor Controller to identify the SB 163 funds.

## **Federally Eligible Child in SB 163 Wraparound**

Federal funding is generally not available for children served in SB 163 Wraparound. However, federally eligible children who are served in SB 163 Wraparound can receive the federal share of concurrent placement costs.

Effective July 1, 2002, counties must use the sample CA 800 FC (SB 163) (FED) claim form (Attachment A & B) when claiming the federal share of concurrent placement costs when serving a federally eligible child in the SB 163 Wraparound Services Project. The Wraparound CA 800 (SB 163 ) (FED) form would be attached to the regular CA 800 FC (FED) claim form that is submitted monthly. Counties must also complete a Foster Care Facility Report (FC 1) claim form (Attachment C & D) that backs out the nonfederal Social Work costs from the federally eligible costs that will be claimed on the Wraparound CA 800 FC (federal) claim form. Attachment B contains instructions on how to complete the Wraparound CA 800 FC (SB 163) (FED) claim form and FC 1 form. Please contact Connie Hamilton or Paula Najarzadeh at the phone numbers listed below if you have any questions regarding how to complete the forms.

**CA 237 FC – Aids to Families with Dependent Children (AFDC) Foster Care (FC) – Caseload Movement and Expenditures Report**

The AFDC-FC CA 237 FC is used by the CDSS Estimates Bureau to determine the money budgeted for AFDC-FC programs. SB 163 Wraparound is included as a part of the AFDC-FC budget. Therefore, counties should continue include SB 163 cases on the CA 237 FC. The current RCL Rate should be included under part C – Net Expenditures Line 11c and in Part D – Special Information Line 14.

**Data Collection**

The CDSS Integrated Services Unit will continue to collect monthly statistics and quarterly spreadsheets on the SB 163 Wraparound Services Project from participating counties. Instructions for reporting this data will be sent in a separate letter.

If you have any questions regarding these claim instructions, please contact Connie Hamilton at (916) 657-3438 or Paula Najarzadeh at (916) 654-0996.

Sincerely,

Original Signed by Marge Dillard on June 4, 2002

MARGE DILLARD, Chief  
Fiscal Systems and Accounting Branch

c: CWDA

Attachments

**SUMMARY REPORT OF  
ASSISTANCE EXPENDITURES -  
FEDERAL CHILDREN IN FOSTER CARE  
- SB 163 WRAPAROUND**

For State Use → <input type="checkbox"/> CDSS <input type="checkbox"/> County Welfare <input type="checkbox"/> County Auditor	
COUNTY	DATE (MONTH, YEAR)
CLAIM CONTACT PERSON	TELEPHONE ( )

A PERSONS COUNT	B AMOUNTS	SOURCE DOCUMENTS
		1. Main Payroll
		2. Current Month Supplemental
( )	( )	3. Current Month Cancellation Contra Roll
		4. Prior Months Supplemental Payroll
		5. Subtotal (reconciliation totals)
( )	( )	6. Prior Months Cancellation Contra Roll
( )	( )	7. Recoveries of Aid
		8. Schedule of Adjustments (show minus items in parentheses)
		9. Subtotals (Lines 6,7,8)
		10. DSS Office Audit Corrections (for state use only)
		11. <b>TOTAL</b>
		12. Amount not Reimbursable from Federal Funds

A	B	C TOTALS	D FEDERAL	E STATE	F COUNTY	
			(Line 11B - Line 12A) X .5140	(Line 11B - Line 13D - FC 1 Col. E1) X .40	(Line 11B - Line 13D - FC 1 Col. E1) X .60	13.
<b>GRAND TOTALS</b>						14.
		(Line 11B)	(Line 13D)	(Line 13E)	(Line 13F)	
						15.
						16.
Total Fed Admin Costs (FC 1 COL. E3)	Total Non-Fed. Admin Costs (FC 1 COL. F2)		(Line 17A) X .5	(Line 17A - Line 17D + Line 17B) X .40	(Line 17A - Line 17D + Line 17B) X .60	17.
<b>SUPPLEMENTAL CLOTHING ALLOWANCE</b>			(Line 18C) X .5140	(Line 18C - Line 18D)		18.
<b>FUNERAL COSTS</b> (11-420.2)						19.
<b>THPP</b>	PERS. CTS.					20.
<b>(FOR COUNTY USE ONLY)</b>	PERS. CTS.					21.
						22.

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the administration of Aid to Families with Dependent Children in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the aid payments, aid repayments and adjustment reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I HEREBY CERTIFY, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for Aid to Families with Dependent Children made by the county; that said amounts correctly reflect Federal, State and County Shares in the aid payments claimed and that warrants therefore have been issued according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE

SIGNATURE OF COUNTY AUDITOR OR CONTROLLER

DATE

## **INSTRUCTIONS FOR USE OF FORM CA 800 FC (SB 163) (FEDERAL) SB 163 WRAPAROUND**

Counties may claim Title IV-E placement costs at the current FMAP rate when serving a federally eligible child in the SB 163 Wraparound Services Project.

These instructions clarify what steps must be taken to claim federally eligible placement costs for a federally eligible child with concurrent placement costs. Prior to completing this form determine the federal portion of the placement costs. This amount will be used to complete this form.

Attach this form to the CA 800 FC (FED) completed for federally eligible children on a monthly basis.

Only fill out the lines listed below. You will not complete the entire form.

1. Enter the county name, month and year in the space provided.
- 1a. Enter the name and telephone number of the county staff person to be contacted should there be any questions regarding this claim.
2. DO NOT complete Part A - Lines 1 through 11.
3. Complete Part B - Lines 1 through 4 and 6 through 8 with the federal portion of any placement costs. All money amounts on the Form CA 800 FC (FED) may be rounded to the nearest dollar. The required detail support for the Schedule of Adjustment is the Prior Month Positive Adjustment Report.
4. Complete the CA 800 FC 1 (FED) for any federally eligible child placed in a Group Home or Foster Family Agency. If the child is in a Foster Family Home, that child should not be listed on the CA 800 FC 1 (FED).
5. Part A Line 12 A - Enter the net amount not reimbursable from federal funds.
6. Line 13 D - Enter the federal share: total aid paid (11B) minus the amount not reimbursable from federal funds (12A). DO NOT multiply by the current FMAP rate as only the federal dollars are listed on this form.
7. Enter Grand Totals on Line 14D.
8. Line 17A - Enter the total Federal Administration Costs: CA 800 FC 1 (FED) column E3.
9. Line 17B - Enter the total Non-federal Administration Costs: CA 800 FC 1 (FED) column F2.
10. Line 17D - Enter the federal share (17A) multiplied by .5 percent.

## Page \_\_\_\_\_ of \_\_\_\_\_

(INSTRUCTIONS ON REVERSE SIDE OF FORM)

COUNTY	DATE (MONTH, YEAR)
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[illegible]

## INSTRUCTIONS FOR USE OF FORM CA 800 FC1 (FED)

1. Enter month, year and county name.
2. Column A – Enter facility name.
3. Column B – Enter the program number from the AFDC-FC Group Home and Foster Family Agency Rate Listing.
4. Column C – Designate maintenance costs R-revised, C-current, P-prior, O-original.
5. Column D1 – Enter persons count.
6. Column D2 – Enter the total benefit amount paid to the facility (Amounts above the State set rate must not be included).
7. Column D3 – Enter the nonfed percentage from the AFDC-FC Group Home and Foster Family Agency Rate Listing.
8. Column D4 – Enter the total nonfed amounts: Columns D2 x D3.
9. Column E1 – Enter the total administration costs: as calculated by applying administration ratio from FFA rate letter to total aid paid.
10. Column E2 – Enter the federal percentage from AFDC-FC Foster Family Agency Rate Listing or FFA rate letter.
11. Column E3 – Enter the total federal amount: Column E1 x E2.
12. Column F1 – Enter the nonfed percentage from AFDC-FC Foster Family agency Rate Listing.
13. Column F2 – Enter the total nonfed amount: Column E1 x F1.
14. Enter the grand total for columns D4, E1 and F2 on the last page.
15. The grand total in column D4 should be added to 12A, on the CA 800 FC (Fed) form.
16. Add the totals in columns E3 and F2 to the appropriate columns 17A and 17B on the CA 800 FC 1 (Fed) form.

# SUMMARY REPORT OF EXPENDITURES FOR SERIOUSLY EMOTIONALLY DISTURBED CHILDREN

 For State Use ☐ DSS ☐ County Welfare ☐ County Auditor

COUNTY	DATE (MONTH, YEAR)
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A PERSONS COUNT	B AMOUNTS	SOURCE DOCUMENTS
		1. Main Payroll
		2. Current Month Supplemental Payroll
( )	( )	3. Current Month Cancellation Contra Roll
		5. Prior Months Supplemental Payroll
		6. Subtotal (reconciliation totals)
( )	( )	7. Prior Months Cancellation Contra Roll
( )	( )	8. Recoveries of Aid
		9. Schedule of Adjustments (show minus items in parentheses)
		10. Subtotals (Lines 7, 8, 9)
		11. DSS Office Audit Corrections (for state use only)
		12. <b>TOTAL</b>

		C STATE (Line 12B x .40)	D COUNTY (Line 12B minus Line 13C)	
				13.
GRAND TOTALS				14.
		(Line 12B)	(Line 13C)	(Line 13D)
				15.
				16.
(FOR COUNTY USE)	PERS. CTS.			17.
				18.

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for Seriously Emotionally Disturbed Children payments, repayments and adjustments and the amounts reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I HEREBY CERTIFY, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that the amounts claimed herein are in accordance with authorizations for Seriously Emotionally Disturbed Children; that said amounts correctly reflect State and County Shares in the payments claimed and that warrants therefore have been issued according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR	DATE	SIGNATURE OF COUNTY AUDITOR OR CONTROLLER	DATE
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## INSTRUCTIONS FOR USE OF FORM

1. Enter county name and month and year of claim in space provided.
2. Complete Lines 1 through 5 and 7 through 9 in accordance with the amounts shown on the integrated payroll summary (for) nonintegrated payrolls enter grand totals shown for each payroll or contra roll). All money amounts on the Form may be rounded to the nearer dollar. **Note:** Line 4 (Zero Grant Persons Count has been deleted because under the SED Program there is no provision for reducing a grant to zero to recover a previous overpayment.
3. Enter the subtotals in Lines 6 and 10 and the totals in Line 12.
4. Line 13C - Enter the state share: total aid paid (12B) multiplied by 40 percent
5. Line 13-D - Enter the county share: total aid paid (12B) minus state share (13C).
6. Line 14 - Enter grand totals.
7. Lines 15 and 16 - Reserved for State Use.
8. Lines 17 and 18 - Included at county request and use optional. If adjustments are reported in Line 9 which affect total aid paid, this space may be used for reconciling total expenditures as reported by the welfare department with the county auditor's records of expenditures.